



DEPARTMENT OF THE NAVY
PERSONNEL SUPPORT ACTIVITY
937 NORTH HARBOR DRIVE
SAN DIEGO, CALIFORNIA 92132-5190

PERSUPPACTSANDIEGOINST 1050.2D CH-6
Code N8
19 November 1996

PERSUPPACT SAN DIEGO INSTRUCTION 1050.2D CHANGE TRANSMITTAL 6

Subj: FUNDED EMERGENCY LEAVE TRAVEL ORDERS (OUTUS)

Encl: (1) Sample Order with Appropriation Data

1. Purpose. To transmit change 6 to the basic instruction.
2. Change. Remove enclosure (1) of the basic instruction and replace with the attached enclosure.
3. Cancellation. When the basic directive is superseded by a revision, or is otherwise cancelled.


J. H. GAZE

Distribution:
PERSUPPACTSANDIEGOINST 5126.1H, List II

19 November 1996

TEMPORARY ADDITIONAL DUTY (TEMADD) TRAVEL ORDERS

1. FROM: Issuing Officer/PERSUPPDET				2. STANDARD DOCUMENT NO. N6855397TO000* *			
3. TO: Name of Individual(s) Being Ordered on Funded Emergency Leave (OUTUS), Branch of Service and no others (Include Dependent Names and Ages of Children)				4. TANGO NO. TO000* *			
				5. SSN/DESIGNATOR Mbr's SSN			
				6. DATE Prepared (date)			
7. REF: (A) As Appropriate				8. <input checked="" type="checkbox"/> INDIVIDUAL TRAVEL <input type="checkbox"/> GROUP TRAVEL			
9. PROCEED ON OR ABOUT Date		10. AUTHORIZED PROCEED ON OR ABOUT Time/Date		11. APPROXIMATE NUMBER OF DAYS 60 Days		12. ESTIMATED DATE OF RETURN Date	
13. ITINERARY (Activity/activities and Place/places indicated below) As appropriate				14. <input checked="" type="checkbox"/> TEMADD <input type="checkbox"/> TEMADDCON <input type="checkbox"/> TEMADDINS			
				15. REASON FOR TRAVEL: ICW Funded Emergency Leave			
				16. <input type="checkbox"/> AUTHORIZED VISIT SUCH ADDITIONAL PLACES AS MAY BE NECESSARY			
17. FISCAL DATA ACCOUNTING CLASSIFICATION							
APPROPRIATION SYMBOL AND SUB-HEAD (1)	OBJECT CLASS (2)	BU CONT NUMBER (3)	SUB-ALLOT NUMBER (4)	AUTHORIZED ACCTG ACTY (5)	TYPE (6)	PROPERTY ACCTG ACTY (7)	COST CODE (8)
(7 SYM) (4 SYM) 1771804.70CA	(3 SYM) 210	(5 SYM) 68553	(1 SYM) 0	(6 SYM) 068688	(2 SYM) 2D	(6 SYM) 0000* *	(12 SYM) 685537EDE02E
18. ESTIMATED COST TRANSPORTATION PER DIEM MISC. EXP. TOTAL \$ PRICE OF TICKET 00.00 \$ 00.00 \$ PRICE OF TICKET 37TO0* * N68553VV						19. CUSTOMER IDENTIFICATION CODE	
20. ITEM: (Use applicable item numbers as shown on reverse side of this form) As Appropriate							
"Report to a Disbursing Officer within 10 days after completion of travel to settle your travel expenses."							
21. ADDITIONAL COMMENTS AND INSTRUCTIONS: MBR Domiciled in (Show Country). Residence or Place of Acceptance Endorsement PSD NAVAL STATION DUTY SECTION: ISSUED MTA #AF-029883 FLT MAC 19 LAX/CRK OPEN RETURN. COST \$1046.00						22. SECURITY CLEARANCE: IT IS CERTIFIED THAT YOU HOLD A _____ BASED _____ COMPLETED _____ BY _____ (PLUS _____ YEARS SERVICE)	
23. AUTHENTICATING SIGNATURE Authorized Signature FOR SONIA M. TOWNSEND, TO							
24. TRANSPORTATION REQUEST/MAC TRANSPORTATION AUTHORIZATION FURNISHED:							
25. COPY TO: (Include Operating Budget/fund manager in all cases)							

